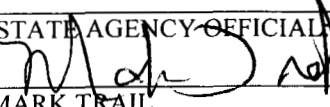
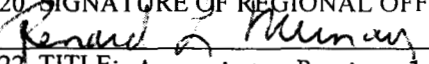


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 0 4 - 0 0 9	2. STATE GEORGIA
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE July 1, 2004	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.200		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2004 \$ No Budget Impact	
		b. FFY 2005 \$ " " "	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, pp 9b, 9b-1, 9b-2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, pp 9b, 9b-1, 9b-2	
10. SUBJECT OF AMENDMENT: EXCEPTIONAL TRANSPORTATION PROGRAM			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:			
<input checked="" type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: MARK TRAIL		Department of Community Health Medical Assistance Plans 2 Peachtree Street, N.W. Atlanta, Georgia 30303-3159	
14. TITLE: CHIEF, MEDICAL ASSISTANCE PLANS			
15. DATE SUBMITTED: September 29, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: October 1, 2004		18. DATE APPROVED: November 19, 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2004		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Renard L. Murray, D.M.		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: Approved with the following changes to items 8 and 9 (authorized by the State by e-mail dated 11-22-04): Add: Attachment 4.19-B, Page 5r			

23. a. **TRANSPORTATION (continued)**

Non-Covered Services (continued)

Transportation for routine obstetrical delivery.

The member requested transportation to a more distant hospital or health care facility to receive the services of a specific physician of the member's choice.

Ambulance service to the physician's office of physician-directed clinic. A stop to a physician's office en route to the hospital necessitated by the patient's need for emergency professional care at a physician's office will be covered if the ambulance immediately continues to the hospital.

Transportation of a member 21 years of age and older by helicopter.

NON-EMERGENCY TRANSPORTATION EXCEPTIONAL TRAVEL

The Department assures provision of necessary transportation to and from a health care provider when the member has no other transportation resources. The Department or an authorized representative will make determination of transportation necessity.

Exceptional Transportation Services (ETS) are defined as non-emergent transport necessary under extraordinary medical circumstances, that require traveling out-of-state for health care treatment not normally provided through Georgia's health care providers.

This transportation is limited to out-of-state travel including air and ground travel.

ETS is limited to out of state travel and must be arranged through the county Department of Family and Children Services (DFCS).

Transportation outside of the area customarily used by the member's community can be reimbursed only when the required medical resources are not available within the area or the member's primary care physician is not located in the member's area.

23. a. **TRANSPORTATION** (continued)

Enrolled ETS providers must bill the Department only for medically necessary transportation to the nearest out-of-state provider who can provide the needed service.

A maximum of one (1) passenger round trip ticket may be reimbursed per date of service, per member for the ETS.

Reimbursement for escorts is limited to one (1) member, when the same escort escorts two (2) or more members to the same medical facility, on the same date of service.

Prior Approval

As a condition of reimbursement, the Department requires that ETS rendered through DFCS be approved prior to the time they are rendered. Prior approval pertains to medical necessity only and does not guarantee reimbursement. In order to be reimbursed for prior approved services, the member must be Medicaid eligible at the time the services are rendered.

Prior approval must be obtained before ETS are rendered, and at least forty-eight (48) hours in advance, if possible. When the member receives health care services from more than one (1) out-of-state provider and requires approved transportation to each health care provider. Prior approval may be given for the duration of planned treatment as indicated on the medical certification form, but not for more than (1) year.

A county DFCS office must obtain prior approval before authorizing the services listed below.

- A. Out-of-state travel in an automobile, commercial bus or train;
- B. Any local taxi service for members who require this transportation to access commercial bus, train or airplane for transport out-of-state.
- C. Out-of-local service area taxi used in conjunction with out-of-state commercial bus, train or airplane;
- D. Any meals or lodging out-of-state
- E. Any out-of-state transportation by commercial airplane; and
- F. Any parking and toll fees.

23. a. **TRANSPORTATION** (continued)

Non-Covered Services

- A. Transportation provided by relatives or individuals living in the same household with the Medicaid member;
- B. Transportation provided in the Medicaid member's vehicle, driven by the member or another person;
- C. Any travel when the Medicaid member is not an occupant of the vehicle, except for travel via an automobile driven by volunteer driver up to a total of twenty (20) miles between the driver's home and the member's home and return;
- D. Meals and lodging for volunteer drivers;
- E. Transportation for educational purposes, vocational training, social services or for any other services not covered by Medicaid and transportation services to attend amusement parks, sporting events, and other social functions;
- F. Services for which prior approval is required but was not obtained; and
- G. Services which are not medically necessary or which are not provided in compliance with the provisions

TN No. 04-009
Supersedes
TN No. 95-005

Approval Date NOV 19 2004 Effective Date JUL 01 2004

**POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR
OTHER TYPES OF CARE OR SERVICES**

Non-Emergency Transportation Services

Non-Emergency Transportation is reimbursed according to the following methods, depending on type of vehicle and number of passengers for exceptional travel or the number of Medicaid eligibles in a region. Upper reimbursement limits shall not exceed charges determined to be reasonable by the State.

- (a) The Broker is reimbursed a monthly capitated rate for each Medicaid member Residing in the region.
- (b) For exceptional travel, the Department of Family and Children Services is reimbursed a mileage rate per passenger for automobile services; commercial and public transportation are reimbursed at the usual and customary rate.

TN No. 98-001
Supersedes
TN No. 95-027

Approval NOV 19 2004 Effective Date JUL 01 2004